

COMBINED DECLARATION AND POWER OF ATTORNEY  
IN ORIGINAL APPLICATION

Docket No. DCS-9119 CIP

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled Method For Automatically Storing And Reprocessing Patient Specimen's In An Automatic Clinical Analyzer,

the specification of which

(check  is attached hereto.  
one)

was filed on \_\_\_\_\_ as  
Application Serial No. \_\_\_\_\_  
and was amended on \_\_\_\_\_  
(if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)			Priority Claimed	
(Number)	(Country)	(Day/Month/Year Filed)	YES	NO
_____	_____	_____	YES	NO
_____	_____	_____	YES	NO
_____	_____	_____	YES	NO

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

COMBINED DECLARATION AND POWER OF ATTORNEY  
IN ORIGINAL APPLICATION

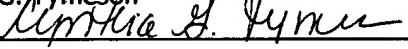
Louise S. Pearson ..... 32,369  
Lois K. Ruszala ..... 39,074  
Cynthia G. Tymeson ..... 34,745  
Leland K. Jordan ..... 36,560

Address all telephone calls to Lois K. Ruszala

At telephone no. 847-267-5364

Address all correspondence to:  
Dade Behring Inc.  
Legal Department  
1717 Deerfield Road, Box 778  
Deerfield, IL 60015-0778

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of Sole or First Inventor William Jackson Devlin, Sr	Inventor's Signature 	Date 30-Mar-2001
Residence 311 Clearfield Drive, Lincoln University, PA 19352	Citizenship USA	
Post Office Address Same		
Full Name of Second Joint Inventor, if any David R. Thompson	Inventor's Signature 	Date 3/29/01
Residence 515 Silver Fox Road, Kennett Square, PA 19348	Citizenship USA	
Post Office Address Same		
Full Name of Third Joint Inventor, if any Cynthia G. Tymeson 	Inventor's Signature 	Date 3/29/01
Residence 100 Timber Jump Lane, Lincoln University, PA 18952	Citizenship USA	
Post Office Address Same		